Queensland Child Protection Newsletter

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An electronic version of this document is available at http://cairns.health.qld.libguides.com/child-protection.

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Introduction

Welcome to the Queensland Child Protection Newsletter. This newsletter is a joint initiative of the Child Protection and Forensic Medical Service of the Lady Cilento Children’s Hospital (LCCH) under Children’s Health Queensland and the Statewide Child Protection Clinical Partnership (SCPCP). This newsletter includes research updates and other relevant resources in support of best practice in Child Protection, and further serves a communication pathway for news and updates from the SCPCP.

Each monthly edition of this newsletter is also available via the Child Protection Library Guide at: http://cairns.health.qld.libguides.com/childprotection.

Access to links
Hold down the Ctrl key and click on the link to access full text journal articles and abstracts. For full text articles not available via CKN, hospital staff can request document delivery via their designated library service.

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Research Update

Abusive Head Trauma

1. Shaken baby syndrome: A review
ABSTRACT: Shaken Baby Syndrome occurs in infants as a result of the brain pushing against the skull due to severe acceleration-deceleration forces. Symptoms of Shaken Baby Syndrome include subdural, subarachnoid, and retinal haemorrhages. MRI and ocular examinations are used to determine the extent of mental and visual damage and beta-amyloid precursor protein immunohistochemical staining is used to detect axonal injuries. Surgeries such as Subdural haemorrhage (SDH) evacuation surgery and the Burr hole craniotomy are used to treat Shaken Baby Syndrome; however, the prognosis is poor in many cases. Because of the severity of Shaken Baby Syndrome and its traumatic and sometimes fatal effects, it is important to educate new parents, nurses, and doctors on the syndrome in order to prevent incidents.

2. Unusual diastatic separation of the sagittal suture: Avoiding confusion with inflicted head trauma
ABSTRACT: Certain artefacts presenting on a fetus due to maceration or birth trauma, mimic inflicted head trauma (IHT) occurring post-partum. In such cases, absent a thorough history and examination of the circumstances, the distinction may be impossible. This case report presents an unusual artefact occurring in a stillbirth delivered after the mother had complained of not feeling fetal movements for at least 24 hours. At autopsy, the macerated fetus presented with unusual widening of the sagittal suture and galeal/subgaleal hematomas. There were no other injuries. Review of the mothers antenatal, personal and social history combined with the absence of other injuries to the mother and fetus, helped distinguish the unusual birth-related diastatic separation from IHT. Consequently, in a case where the pathologist is presented with limited information for instance an abandoned fetus, a cautious approach to the determination of the cause and manner of death is strongly recommended.
https://www.clinicalkey.com.au/#!/search/Unusual%2520diastatic%2520separation%2520of%2520the%2520sagittal%2520suture%2520Avoiding%2520confusion%2520with%2520inflicted%2520head%2520trauma

3. Absence of rickets in infants with fatal abusive head trauma and classic metaphyseal lesions
OBJECTIVES: To determine if rickets is present in cases of infant homicide with classic metaphyseal lesions (CMLs) and other skeletal injuries. METHODS: This study was exempt from the institutional human subjects board review because all infants were deceased. An archival review (1984-2012) was performed of the radiologic and histopathologic findings of 46 consecutive infant fatalities referred from the state medical examiner’s office for the evaluation of possible child abuse. Thirty infants with distal femoral histologic...
material were identified. Additional inclusion criteria were as follows: (a) The medical examiner determined that the infant had sustained a head injury and that the manner of death was a homicide, (b) at least one CML was evident at skeletal survey, (c) CMLs were confirmed at autopsy, and (d) non-CML fractures were also present. Nine infants (mean age, 3.9 months; age range, 1-9 months) were identified. Two pediatric radiologists independently reviewed the skeletal surveys for rachitic changes at the wrists and knees. A bone and soft tissue pathologist reviewed the distal femoral histologic slices for rickets. RESULTS: There were no radiographic or pathologic features of rickets in the cohort. CONCLUSION: The findings provide no support for the view that the CML is due to rickets. Rather, they strengthen a robust literature that states that the CML is a traumatic injury commonly encountered in physically abused infants. http://www.ncbi.nlm.nih.gov/pubmed/25688889

4. The placement of children following non-accidental head injuries: Are they protected from further harm?


KEY MESSAGES: *Most children with non-accidental head injury are removed from their parents in New South Wales, Australia. * Despite high rates of removal, re-notification to the statutory authority, including for risk of physical harm, remains high. * Further research is needed on how placement might affect ongoing involvement of non-accidental head injury victims with the statutory authority.

http://eds.a.ebscohost.com/eds/detail/detail?vid=11&sid=370a43c6-8710-4759-9475-c0e837ce61fa%40sessionmgr4002&hid=4210&bdata=JkF1dGhUeXBiPWhLGF0aGVucyZzaXJpVWVky1s aXZI#db=edsgao&AN=edsgcl.402722422

Physical Abuse

1. Occult rib fractures: Defining the cause


ABSTRACT: The probability of physical abuse (PA) is high in children with occult rib fractures. Other causes include non-intentional trauma, post-surgery and cardiopulmonary resuscitation. Bone fragility increases the risk of fractures, namely metabolic bone disease of prematurity (MBDP), osteogenesis imperfecta, rickets and rare metabolic bone diseases. ‘Occult rib fractures have a high probability of physical abuse’ This case series describes 61 children under two years of age with rib fractures and associations with clinical and radiological features and aetiology. There were 20 cases of PA, 11 post-surgical and three non-intentional trauma. Two cases had fractures following cardiopulmonary resuscitation, 18 MBDP and one metabolic bone disease. In six cases, the cause remained unknown. The number and distribution of rib fractures and the age of infants did not discriminate between MBDP and PA. Fractures were predominantly posterior, posterolateral or lateral. All cases of MBDP had a gestational age of 31 weeks or less and birth weight <1.25 kg. Each child with MBDP had at least one additional risk factor. Chronic lung disease was recorded in seven, prolonged total parenteral nutrition in ten, steroid use in four, furosemide medication in eight and necrotising enterocolitis in three. All PA cases had other associated injuries or signs of neglect. We recommend a comprehensive assessment of infants with occult rib fractures including an examination to exclude associated trauma, a child protection assessment and a full clinical assessment to exclude risk factors for co-existing bone fragility. http://eds.a.ebscohost.com/eds/detail/detail?vid=15&sid=370a43c6-8710-4759-9475-c0e837ce61fa%40sessionmgr4002&hid=4210&bdata=JkF1dGhUeXBiPWhLGF0aGVucyZzaXJpVWVky1s aXZI#db=edsgao&AN=edsgcl.402722420

Queensland Child Protection Newsletter
Children’s Health Queensland Hospital and Health Service
2. Is fluorescence under an alternate light source sufficient to accurately diagnose subclinical bruising?

ABSTRACT: This single-blinded, randomized validation study was conducted to evaluate whether fluorescence under alternate light sources (ALS) is sufficient to diagnose subclinical bruising (bruising not visible under white light). Standardized trauma was induced on randomly selected ventral forearms. On days 1, 7, and 14 investigators independently examined case forearms under white light for perceived bruising and under ALS for fluorescence and compared body maps. 56 case and 62 control forearms (n = 118) were examined. Sensitivity of ALS on days 1, 7, and 14 was 76.8%, 69.6%, and 60.7%, respectively, compared to 69.6%, 60.0%, and 32.1% for white light. The specificity of ALS on days 1, 7, and 14 was 51.6%, 59.7%, and 53.2%, respectively, compared to 71.0%, 81.4%, and 86.9% for white light. ALS has increased sensitivity yet low specificity compared to white light in accurately detecting bruises. Fluorescence under ALS is not sufficient to accurately or responsibly diagnose subclinical bruising.


3. The challenge and complexities of physical abuse
No abstract available.

http://eds.a.ebscohost.com/eds/detail/detail?vid=20&sid=370a43c6-8710-4759-9475-c0e837ee61fa%40sessionmgr4002&hid=4210&bdata=JkF1dGhUeXBlPWlwLGF0aGVucyZzaXRlPWVkcy1sXZIf%0A#db=edsgao&AN=edsgcl.40272242

4. Shedding light on non-accidental bruising
Stephenson, T. BMJ Ahead of print [Epub 04/02/2015].
No abstract available.

http://adc.bmj.com/content/early/2015/02/24/archdischild-2014-307869.full.pdf+html

Sexual abuse

1. The prevalence of abnormal genital findings, vulvovaginitis, enuresis and encopresis in children who present with allegations of sexual abuse

OBJECTIVES: To assess the prevalence of vulvovaginitis, enuresis and encopresis in children who were referred for allegations of sexual abuse. SUBJECTS: A retrospective chart review of 1280 children presenting for non-acute examination after allegations of sexual abuse during a 15-year time span. Interview documentation, physical examination documentation, urinalysis, urine and vaginal cultures were reviewed. Results: Of the 1280 children, 73.3% were female and 26.7% male. The ages of the children ranged from 6 months to 18 years (median age was 6 years). Interviews revealed that fondling contact was the most...
common allegation, followed by oral, vaginal, and anal penetration. Interviews also disclosed lower urinary tract symptoms, UTI, constipation, encopresis and enuresis. Physical examination revealed no abnormal genital findings in 44.7% of cases. Examinations of the vagina noted: erythema (18.1%); hymenal notching (posterior 16.8%, anterior 4.4%); vuvlovaginitis (14.0%); laceration or transection (0.6%); and bruising (0.4%). Examination of the anus noted: anal fissure/tear (14.9%); loss of anal tone (10.6%); reflex anal dilatation (9.2%); venous congestion (3.8%); and proctitis (0.9%). Vulvovaginitis was noted in 14% (131/936) and encopresis in 2.3% (21/936). Enuresis according to age was reported in 13% of 5-9 year olds, 14.7% of 10-16 year olds and 18.2% of 17-18 year olds suspected of being abused. CONCLUSION: Prevalence of vulvovaginitis and enuresis were increased, and encopresis was decreased in children with allegations of sexual abuse when compared to the general pediatric population. Physicians should continue to be aware of the possibility of the presence of these conditions in children who have been sexually abused, and offer appropriate treatment.


Neglect

1. Why should child welfare pay more attention to emotional maltreatment?


ABSTRACT: A significant body of research indicates that emotional maltreatment (EMT) is harmful to children, resulting in long-term negative impacts on emotional and behavioral development. The child welfare system's focus on physical abuse, physical neglect, and sexual abuse has led a relative lack of attention to EMT. Reported rates of EMT vary widely across states – ranging from 0.2% to 44.9% in a recent national report on child maltreatment – indicating that it is not being measured consistently. This paper uses data collected by the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) to (1) describe the nature and characteristics of emotional maltreatment experienced by 846 LONGSCAN youth across time, and (2) describe the relation between four subtypes of emotional maltreatment (psychological safety and security, acceptance and self-esteem, autonomy, and restriction) and child trauma symptoms and risk behaviors at age 18. Exposure to EMT was related to increased trauma symptoms and risky behaviors. EMT is common, identifiable, harmful, and potentially preventable; and a better understanding of it will help to inform the provision of effective child welfare and mental health services to children and their families. Findings suggest a need for greater understanding of parental behaviors, and the motivations behind them, that result in emotionally harmful outcomes for children, as well as a better understanding of appropriate interventions for children who experience various types of EMT.

http://ac.els-cdn.com/S0190740915000201/1-s2.0-S0190740915000201-main.pdf?_tid=a47d74a2-c21e-11e4-b302-00000aacb361&acdnat=1425439939_b886cbbaf4badb75f104e0df3ec8f8

2. Child deaths with persistent neglected experiences from medico-legal documents in Japan


BACKGROUND: Few studies have examined the actual conditions of fatal neglect in Japan. The aims of this study were to investigate persistent neglect among child fatalities using medico-legal documents, and to describe the characteristics of the socio-familial background and biological data. METHODS: The current study analysed the documents of all post-mortem external examinations and autopsies in children <2 years
old carried out in one prefecture in Japan from 2006 to 2011. After examining 59 autopsy cases using modified the Maltreatment Classification System, we identified six children who experienced persistent neglect as study samples. RESULTS: Three children were found in unsanitary rooms and one was left alone inside a car. In two cases, age of mother at delivery was <21 years old. Three victims had 1 year older sibling. With regard to history of use of health services, three mothers missed some prenatal care visits, and two refused to receive neonatal home visits. With regard to biological data the average weight Z score of six children was -2.22 after being adjusted to average weight for age (in months) and sex. Three children had acute or chronic undernutrition. Three victims had thymic involution considered as being due to chronic child maltreatment. CONCLUSIONS: The present collaboration between public health and legal medicine has enabled investigation of the background and biological impact of experiences of persistent neglect. A multidisciplinary system of evaluating child death is needed to identify preventable factors in order to intervene in the case of neglected children in a timely manner.


Case Reports

1. Amitriptyline poisoning of a baby: How informative can hair analysis be?


ABSTRACT: We reported a case of a 6-month-old baby girl who was hospitalized in the pediatric emergency for central nervous system disorders then coma. Toxicology analysis showed the presence of amitriptyline (AMI) and its metabolite nortriptyline (NOR) in blood and urine of the baby. Additional investigations suggested a shaken baby syndrome. Given the family context, a judge ordered hair tests for both the child and his parents to document drug exposure. A liquid chromatography tandem mass spectrometric (LC-MS/MS) method was then developed to quantify AMI and NOR in hair. After decontamination and segmentation, 20mg of hair was incubated overnight at 55 degrees C in methanol (MeOH). The LC-MS/MS method used an online solid phase extraction and the analysis was performed using two transitions per compound. The LOQ and LOD for the two compounds were estimated at 0.0075ng/mg and 0.005ng/mg respectively. All hair segments tested for both parents were negative. For the baby two strands of hair were collected one day after the acute intoxication for the first and 5 weeks later for the second. The first strand was not decontaminated before analysis to avoid losing specimen. The high and relatively homogenous concentrations of AMI (with a range of value from 6.65 to 9.69ng/mg) and NOR (with a range of value from 7.12 to 8.96ng/mg) measured suggested that contamination could have occurred. The analysis of the second strand after decontamination allowed to detect AMI and NOR in all hair segments. The obtained values varied between 0.54 and 1.41ng/mg for AMI and between 1.26 and 4.00ng/mg for NOR. These results supported the hypothesis of a chronic exposure during several months before hair collection with regular increase. However a single overdose could not be totally excluded. The interpretation of results must take into account the pharmacological and physiological parameters of hair of the children.

http://eds.a.ebscohost.com/eds/detail/detail?vid=37&sid=370a43c6-8710-4759-9475-c0e837ce61fa%40sessionmgr4002&hid=4210&bdata=JkF1dGhUeXBIPWlwLGF0aGVucyZzaXRlPWhpc3NwYXJlc2FzайаXZI#db=edselp&AN=S0379073815000262
2. Histories in abusive childhood fractures: A case series


ABSTRACT: A retrospective review was carried out of the histories given by the carers of children aged from newborn to three years with abusive fractures of the shafts of long bones, regardless of the truth or falsehood of their statements. Textual analysis of the medical and legal records was used to extract and define recurrent themes in a recursive fashion. Statements and reports were studied relating to 18 children under three-years old with proven child abuse, including 13 boys. Seventeen of the 18 families presented to the health services because of signs of major injuries. Five families spontaneously described a 'trigger account', a minor household incident said to have caused the major injury. After repeated questioning, a total of 41 accounts were produced. Thirty two of these were minor household incidents and nine were confessions or accusations of rough handling of the child. The accounts were often vague or uncertain and multiple accounts were often given to explain the same injury. Three accounts were challenged by another carer. The misleading accounts given by parents and carers formed a distinctive 'narrative' and can be considered a likely indicator of serious child abuse. http://dx.doi.org/10.1002/car.2256

Outcomes

1. Intergenerational transmission of attachment in abused and neglected mothers: The role of trauma-specific reflective functioning


ABSTRACT: There are still important gaps in our knowledge regarding the intergenerational transmission of attachment from mother to child, especially in mothers with childhood histories of abuse and neglect (CA&N). This study examined the contributions of reflective function concerning general attachment relationships, and specifically concerning trauma, as well as those of maternal attachment states of mind to the prediction of infant attachment disorganization in a sample of mothers with CA&N and their infants, using a 20-month follow-up design. Attachment and reflective functioning were assessed during pregnancy with the Adult Attachment Interview. Infant attachment was evaluated with the Strange Situation Procedure. The majority (83%) of infants of abused and neglected mothers were classified as insecure, and a significant proportion (44%) manifested attachment disorganization. There was a strong concordance between mother and child attachment, indicative of intergenerational transmission of attachment in parents with CA&N and their infants. Both unresolved trauma and trauma-specific reflective function made significant contributions to explaining variance in infant attachment disorganization. The findings of this study highlight the importance of trauma-specific mentalization in the intergenerational transmission of attachment by mothers with a history of childhood maltreatment, and provide new evidence of the importance of the absence of mentalization regarding trauma for infant attachment. http://onlinelibrary.wiley.com/doi/10.1002/imhj.21499/pdf

2. Annual research review: Secular trends in child and adolescent mental health


BACKGROUND: Child and adolescent mental health problems are common, associated with wide-ranging functional impairments, and show substantial continuities into adult life. It is therefore important to understand
the extent to which the prevalence of mental health problems has changed over time, and to identify reasons behind any trends in mental health. METHODOLOGY: This review evaluates evidence on whether the population prevalence of child and adolescent mental health problems has changed. The primary focus of the review is on epidemiological cross-cohort comparisons identified by a systematic search of the literature (using the Web of Knowledge database). RESULTS: Clinical diagnosis and treatment of child and adolescent psychiatric disorders increased over recent decades. Epidemiological comparisons of unselected population cohorts using equivalent assessments of mental health have found little evidence of an increased rate of ADHD, but cross-cohort comparisons of rates of ASD are lacking at this time. Findings do suggest substantial secular change in emotional problems and antisocial behaviour in high-income countries, including periods of increase and decrease in symptom prevalence. Evidence from low- and middle-income countries is very limited. Possible explanations for trends in child and adolescent mental health are discussed. The review also addresses how cross-cohort comparisons can provide valuable complementary information on the aetiology of mental illness.


3. Quality of life among Swedish school children who experienced multitype child maltreatment


**AIM:** The aim of this study was to examine the overlap between child maltreatment types and their association with quality of life among school children. **METHODS:** A national cross-sectional study of 3202 grade nine Swedish pupils of 15 years of age was carried out in 2011 with an 84% response rate. Data were analysed using Pearson chi-square and multiple linear regression analyses. **RESULTS:** Of the total sample, 650 children (20%) reported at least one type of maltreatment. There was a large degree of overlap between maltreatment types. In particular, neglect and witnessing intimate partner violence overlapped with most other types of maltreatment. There was a significant relationship between the degree of abuse and multitype maltreatment. Results showed a linear relationship between the number of types of maltreatment and quality of life (*p* < 0.001), indicating a dose-response relationship. **CONCLUSION:** The results emphasise the negative impact of child maltreatment on children's lives and highlight the importance of taking the broad spectrum of child maltreatment into account in both research and practice. A more comprehensive assessment of the width of maltreatment among professionals may help to identify the most seriously maltreated children and lead to an improved ability to target intervention and prevention at these children.


4. Posttraumatic stress symptom trajectories among children exposed to violence


**ABSTRACT:** Little research has examined the developmental course of posttraumatic stress symptoms (PTSS) in children. The current study aimed to identify developmental trajectories of PTSS in childhood and to examine predictors of symptom presentation in 1,178 children from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) studies, a consortium of studies focusing on the causes and effects of child maltreatment. Most children had a history of documented reports with Child Protective Services (CPS) and all were identified as living in high-risk environments. Using group-based trajectory modeling, 3 unique developmental trajectories were identified: Resilient, Clinical-Improving (PTSS in the clinical range at baseline then declining over time), and Borderline-Stable (chronically subclinical PTSS). Children in the
Clinical-Improving group were more likely than children in the Resilient group to have reports of physical abuse (RRR = 1.76), emotional abuse (RRR = 2.55), neglect (RRR = 1.57), and exposure to violence at home and in the community (RRR = 1.04). Children in the Borderline-Stable group were more likely than children in the Resilient group to have a CPS history of neglect (RRR = 2.44) and exposure to violence at home and in the community (RRR = 1.04). Many children living in high-risk environments exhibit resilience to PTSS, but exposure to witnessed violence and neglect appear to put children at chronic risk for poor adjustment. These children may require more intensive, integrated clinical services that attend to multiple adverse experiences. http://onlinelibrary.wiley.com/doi/10.1002/jts.21989/pdf

5. Borderline personality disorder and childhood maltreatment: a genome-wide methylation analysis


ABSTRACT: Early life adversity plays a critical role in the emergence of borderline personality disorder (BPD) and this could occur through epigenetic programming. In this perspective, we aimed to determine whether childhood maltreatment could durably modify epigenetic processes by the means of a whole-genome methylation scan of BPD subjects. Using the Illumina Infinium(R) HumanMethylation450 BeadChip, global methylation status of DNA extracted from peripheral blood leucocytes was correlated to the severity of childhood maltreatment in 96 BPD subjects suffering from a high level of child adversity and 93 subjects suffering from major depressive disorder (MDD) and reporting a low rate of child maltreatment. Several CpGs within or near the following genes (IL17RA, miR124-3, KCNQ2, EFNB1, OCA2, MFAP2, RPH3AL, WDR60, CST9L, EP400, A2ML1, NT5DC2, FAM163A and SPSB2) were found to be differently methylated, either in BPD compared with MDD or in relation to the severity of childhood maltreatment. A highly relevant biological result was observed for cg04927004 close to miR124-3 that was significantly associated with BPD and severity of childhood maltreatment. miR124-3 codes for a microRNA (miRNA) targeting several genes previously found to be associated with BPD such as NR3C1. Our results highlight the potentially important role played by miRNAs in the aetiology of neuropsychiatric disorders such as BPD and the usefulness of using methylome-wide association studies to uncover such candidate genes. Moreover, they offer new understanding of the impact of maltreatments on biological processes leading to diseases and may ultimately result in the identification of relevant biomarkers. http://www.ncbi.nlm.nih.gov/pubmed/25612291

Prevention and Intervention

1. CQC produces guidance on using hidden cameras to identify abuse.


No abstract available.

http://www.bmj.com/content/350/bmj.h832.full.pdf+html
1. Talking with parents about end-of-life decisions for their children


**OBJECTIVES:** Retrospective studies show that most parents prefer to share in decisions to forgo life-sustaining treatment (LST) from their children. We do not yet know how physicians and parents communicate about these decisions and to what extent parents share in the decision-making process. METHODS: We conducted a prospective exploratory study in 2 Dutch University Medical Centers. RESULTS: Overall, 27 physicians participated, along with 37 parents of 19 children for whom a decision to withhold or withdraw LST was being considered. Forty-seven conversations were audio recorded, ranging from 1 to 8 meetings per patient. By means of a coding instrument we quantitatively and qualitatively analysed physicians’ and parents’ communicative behaviours. On average, physicians spoke 67% of the time, parents 30%, and nurses 3%. All physicians focused primarily on providing medical information, explaining their preferred course of action, and informing parents about the decision being reached by the team. Only in 2 cases were parents asked to share in the decision-making. Despite their intense emotions, most parents made great effort to actively participate in the conversation. They did this by asking for clarifications, offering their preferences, and reacting to the decision being proposed (mostly by expressing their assent). In the few cases where parents strongly preferred LST to be continued, the physicians either gave parents more time or revised the decision. CONCLUSIONS: We conclude that parents are able to handle a more active role than they are currently being given. Parents’ greatest concern is that their child might suffer. [Link to full article](http://pediatrics.aappublications.org/content/135/2/e465.full.pdf)

2. The medico-legal evaluation of injuries from falls in pediatric age groups


**ABSTRACT:** Blunt trauma from accidental falls or intentional jumping from great heights occurs frequently in forensic medicine. The goal of this study was to investigate injuries due to falls in children under 19 years of age. Injuries from falls are the leading cause of visits to emergency departments and to deaths due to injuries. Various methods are used in the classification of falls. In this study, we have classified falls as “high-level” (≥5 m), “low-level” (<5 m) and “ground-level”. We have retrospectively evaluated 814 boys (61.18%) and 512 girls (38.62%), making up a total of 1326 children (under 19 years old) with the mean age of 7.85 ± 3.46, that were admitted to State Hospital between January 2009 and December 2013 due to falls from heights and falls on ground-level. Falls were low-level in 738 cases, high-level in 176 cases, and ground-level in 412 cases. Cases were categorized by gender, age, age group, fall height, Glasgow Coma Scale (GCS), injured body part(s), mortality rate, and distribution according to months. In conclusion, falls merit attention because of their high risk of mortality and morbidity, as well as their burden on medical budgets. If the medico-legal aspects of falls were evaluated with regard to preventive event or death, the importance of the topic could be better understood. [Link to full article](http://www.sciencedirect.com/science/article/pii/S1752928X1500013X)

**ABSTRACT:** Bruises in suspected abuse are routinely measured for clinical and forensic purposes. We aimed to determine the consistency of electronic and manual bruise measurements. Over two sessions, 45 observers recorded the greatest lengths of eight bruises in cross-polarised images. Observers were presented with six images in each session; four were common to both sessions. Manual measurements were achieved using a paper tape-measure on hard-copy images; electronic measurements used ImageJ software for digital on-screen images. Differences in mean measurements between methods were tested using paired t-tests; within- and between-observer variations were computed. On average, manual measurements were smaller than electronic measurements. Observers were prone to rounding bias in manual measurements. Overall standard deviations of measurements (0.39–0.63 cm) did not differ greatly between methods. Measuring electronically, observers showed more consistency between sessions than measuring manually. Electronic measurements had greater variation between observers than manual measurements. Overall, 95 per cent of measurements for a given bruise lay within a range of 2 cm. We conclude that measurement of a bruise by either method varied. In clinical practice, we recommend that a right-angled linear scale is included in any photographic image of a bruise, such that clinicians can standardise the estimate of bruise size.


4. Children's requests for clarification in investigative interviews about suspected sexual abuse

**ABSTRACT:** In investigative interviews, it is vital that children request clarification when necessary so that crucial legal decisions can take into account the most accurate and detailed information. In the present study, 91 investigative interview transcripts about suspected child sexual abuse were coded to answer these research questions: (i) How often and how do children request clarification in investigative interviews? (ii) What factors (age, alleged abuse frequency, interviewer prompt type) are associated with children's requests? and (iii) How do interviewers respond to clarification requests, and are these interventions associated with relevant responses from children? Children rarely requested clarification, although, as expected, older children made more requests. Most requests were explicit (e.g., What do you mean?) and in response to invitation prompts. Question ‘rephrasing’ was the most common interviewer intervention regardless of child age. Results have implications for interviewing children in various contexts and for advancing our understanding of children's cognitive and communicative development.


5. Facing suspected child abuse - what keeps Swedish general practitioners from reporting to child protective services?

**OBJECTIVES:** The aim of this study was to examine the reporting of suspected child abuse among Swedish general practitioners (GPs), and to investigate factors influencing them in their decision whether or not to report to child protective services (CPS). **DESIGN:** A cross-sectional questionnaire study. **SETTING:** Primary health care centres in western Sweden. **SUBJECTS:** 177 GPs and GP trainees. **OUTCOME MEASURES:** Demographic and educational background, education on child abuse, attitudes to reporting and CPS, previous experience of reporting suspected child abuse, and need of support. **RESULTS:** Despite mandatory...
reporting, 20% of all physicians had at some point suspected but not reported child abuse. Main reasons for non-reporting were uncertainty about the suspicion and use of alternative strategies; for instance, referral to other health care providers or follow-up of the family by the treating physician. Only 30% of all physicians trusted CPS's methods of investigating and acting in cases of suspected child abuse, and 44% of all physicians would have wanted access to expert consultation. There were no differences in the failure to report suspected child abuse that could be attributed to GP characteristics. However, GPs educated abroad reported less frequently to CPS than GPs educated in Sweden. CONCLUSION: This study showed that GPs see a need for support from experts and that the communication and cooperation between GPs and CPS needs to be improved. The low frequency of reporting indicates a need for continued education of GPs and for updated guidelines including practical advice on how to manage child abuse.

Reviews & Guidelines

1. Prevalence of intrafamilial child maltreatment in the Nordic countries: A review
ABSTRACT: There are differences in the prevalence rates of child maltreatment between countries, as well as variation in how these rates change over time. This review examined the prevalence of different forms of intrafamilial child maltreatment in the Nordic countries and possible changes in the prevalence rates over the past two decades. We conducted a systematic search of the databases PsycInfo, ISI Web of Science and PubMed and of self-report studies investigating the prevalence of one or several forms of child maltreatment in non-clinical samples published from 1990 to the present. In addition, we searched for unpublished reports. A total of 24 Nordic studies were included. The findings suggest a prevalence of child sexual abuse by a parent in the range of 0.2–1.2 per cent, a prevalence of severe physical abuse in the range of three to nine per cent and a prevalence of witnessing domestic violence in the range of seven to 12.5 per cent in the Nordic countries. Markedly more girls than boys were exposed to sexual abuse. The results indicate a decline in the prevalence of sexual abuse by a relative and of parental physical abuse over the past 20 years, but no corresponding changes in the prevalence of witnessing domestic violence. There is a lack of studies on the prevalence of neglect and emotional maltreatment.

2. The prevalence of child maltreatment across the globe: Review of a series of meta-analyses
ABSTRACT: In this review, we combine and compare the results of a series of meta-analyses on the prevalence of child sexual, physical and emotional abuse and physical and emotional neglect, including 244 publications and 551 prevalence rates for the various types of maltreatment. Child maltreatment research seems to be dominated by research on sexual abuse, studies in developed parts of the world and research using self-report measures. The overall estimated prevalence rates for self-report studies (mainly assessing maltreatment ever during childhood) were 127/1000 for sexual abuse (76/1000 among boys and 180/1000 among girls), 226/1000 for physical abuse, 363/1000 for emotional abuse, 163/1000 for physical neglect and 184/1000 for emotional neglect. The overall estimated prevalence rates for studies using informants (mainly assessing the 1-year prevalence of maltreatment) were four per 1000 for sexual abuse and three per 1000, respectively, for physical abuse and emotional abuse. We conclude that child maltreatment is a widespread, global phenomenon affecting the lives of millions of children all over the world, which is in sharp contrast with the United Nation's Convention on the Rights of the Child.
Other

1. Rate of deaths due to child abuse and neglect in children 0-3 years of age in Germany


**ABSTRACT:** In recent years, increasing attention has been paid to the issue of (fatal) child abuse and neglect, largely due to the media attention garnered by some headline-grabbing cases. If media statements are to be believed, such cases may be an increasing phenomenon. With these published accounts in mind, publicly available statistics should be analysed with respect to the question of whether reliable statements can be formulated based on these figures. It is hypothesised that certain data, e.g., the Innocenti report published by UNICEF in 2003, may be based on unreliable data sources. For this reason, the generation of such data, and the reliability of the data itself, should also be discussed. Our focus was on publicly available German mortality and police crime statistics (Polizeiliche Kriminalstatistik). These data were classified with respect to child age, data origin, and cause of death (murder, culpable homicide, etc.). In our opinion, the available data could not be considered in formulating reliable scientific statements about fatal child abuse and neglect, given the lack of detail and the flawed nature of the basic data. Increasing the number of autopsies of children 0-3 years of age should be considered as a means to ensure the capture of valid, practical, and reliable data. This could bring about some enlightenment and assist in the development of preemptive strategies to decrease the incidence of (fatal) child abuse and neglect.


2. Misdiagnosis and missed diagnoses in foster and adopted children with prenatal alcohol exposure


**OBJECTIVES:** The purpose of this article is to assess the rate of misdiagnosis and missed diagnoses of fetal alcohol spectrum disorders (FASD) among a population of foster and adopted youth referred to a children's mental health center. METHODS: Data were collected from a sample of 547 children who underwent a comprehensive multidisciplinary diagnostic evaluation. Utilizing current diagnostic criteria, children were diagnosed, as appropriate, with fetal alcohol syndrome, partial fetal alcohol syndrome, alcohol-related neurodevelopmental disorder, or alcohol-related birth defects. Changes in rates of alcohol exposure-related diagnoses and cooccurring mental health disorders pre- and postassessment were analyzed by using McNemar's test for dependent proportions. RESULTS: Among 156 children and adolescents who met criteria for a diagnosis within the fetal alcohol spectrum, 125 had never been diagnosed as affected by prenatal alcohol exposure, a missed diagnosis rate of 80.1%. Of the 31 who had been recognized before referral as affected by prenatal alcohol exposure, 10 children's FASD diagnoses were changed within the spectrum, representing a misdiagnosis rate of 6.4%. The remaining 21 (13.5%) children's diagnoses stayed the same. There also were significant changes in the rate of mental health diagnosis, and learning disorders, communication disorders, and intellectual disability, objective signs of neurocognitive damage, were not recognized in a significant number of children with FASD. CONCLUSIONS: Within this clinical sample, 86.5% of youth with FASD had never been previously diagnosed or had been misdiagnosed. These high rates of missed diagnoses and misdiagnosis have significant implications for intervention and therapeutic services.

http://pediatrics.aappublications.org/content/135/2/264.full.pdf
3. Maltreatment-related emergency department visits among children 0 to 3 Years old in the United States


ABSTRACT: The emergency department (ED) is a vital entry point in the health care system for children who experience maltreatment. This study fills a gap in the maltreatment literature by presenting systematic, national estimates of maltreatment-related ED visits in the United States by children <=3 years old, from 2006 to 2011, using the Nationwide Emergency Department Sample (NEDS). Children who experienced and likely experienced maltreatment were identified via International Classification of Diseases, Ninth Revision, Clinical Modification diagnostic codes. Maltreatment was classified as physical or sexual abuse, neglect, or poly-victimization. The clinical and demographic profiles of children who experienced maltreatment were described. Approximately 10,095 children who experienced maltreatment (0.1% of total ED visits) and 129,807 children who likely experienced maltreatment (1.2% of total ED visits) were documented each year. Maltreatment was associated with significantly greater risk of injury, hospitalization, and death in the ED setting. Physical abuse was the most common explicit maltreatment diagnosis (33 ED visits per 100,000 children <=3 years old) and neglect was the most common likely maltreatment diagnosis (436 ED visits per 100,000 children <=3 years old). This study established the NEDS as a valuable complement to existing surveillance efforts of child maltreatment from a public health perspective.

http://cmx.sagepub.com/content/early/2015/01/27/1077559514567176.full.pdf
Statewide Child Protection Clinical Partnership

Update

From the Clinical Chair, Dr Ryan Mills

The Statewide Child Protection Clinical Partnership (SCPCP) Steering Committee held a planning morning to review activities over 2014 and identify strategic focus areas for 2015. The meeting was productive and generated discussion around strategies to promote member engagement and support the development of contemporary practice in child protection.

The strategic focus areas for 2015 are:

- Partnership development
- Clinician Engagement
- Leadership
- Research and Education

Sub-groups will be established to progress these strategic focus areas so keep an eye out for invitations to participate and consider your capacity to become involved!

The SCPCP Information Sharing subgroup has completed a draft work instruction aimed at assisting clinicians to respond to information requests. Following a process of consultation, it is hoped that this resource can be recommended to Hospital and Health Services for implementation as a best practice standard.

The scoping study is also progressing, with multiple discussions taking place with staff from Child Protection services across the State. A picture of statewide service delivery is slowly emerging from this activity which will assist in identifying gaps and strengths as well as areas of commonality and difference.

Planning for the annual CPA-CPLO Workshop on 18 and 19 June 2015 is also underway. A ‘save the date’ has been sent to all CPU Mailboxes – the venue and program for the workshop are to follow.

Dr Ryan Mills
Clinical Chair

If you aren’t a general member of the Statewide Child Protection Clinical Partnership yet but would like to be, please email Selina Kelly, SCPCP Co-ordinator on:

Statewide_Child_Protection_Clinical_Partnership@health.qld.gov.au
## Events

### March-April 2015

#### March 2015

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<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tr>
<td>12-14</td>
<td>International convention of psychological science</td>
<td>Amsterdam, Netherlands</td>
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<tr>
<td>17-20</td>
<td>Australasian drug and alcohol strategy conference</td>
<td>Brisbane, QLD</td>
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<tr>
<td>19</td>
<td>Innovation in community development</td>
<td>Melbourne, VIC</td>
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<tr>
<td>29 Mar -</td>
<td>Australasian conference on child abuse and neglect</td>
<td>Auckland, NZ</td>
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<tr>
<td>1 Apr</td>
<td><a href="https://www.etouches.com/ehome/accan2015">https://www.etouches.com/ehome/accan2015</a></td>
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<tr>
<td>30 Mar –</td>
<td>Journal of Youth Studies conference</td>
<td>Copenhagen, DNM</td>
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#### April 2015

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<thead>
<tr>
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<tr>
<td>12-15</td>
<td>BAPSCAN Conference</td>
<td>Edinburgh, SCO</td>
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<tr>
<td>27-29</td>
<td>Children’s Welfare League of America</td>
<td>Arlington, USA</td>
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References


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